

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 2 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stone
Township Ruth
City St. Louis

Registration District No. 845
Primary Registration District No. 6108

File No. 45518
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>C. W. Barnhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 1861</u>		
7. AGE <u>73</u>	YEARS <u>73</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hwy</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>82</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>8</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Chester Starks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Hanson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Louis Barnhart</u> <u>Reeds Spring Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Evergreen Cemetery</u> DATE <u>12/11/34</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. Hattie Starks</u> <u>Reeds Spring Mo</u>		
20. FILED <u>Dec 12 1934</u> <u>R. S. Stumm</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1934 to Dec 10 1934
I last saw her alive on Dec 4 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Thrombosis of Brain
82
Other contributory causes of importance:
Diabetes mellitus

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signed) L. S. Stumm, M. D.
(Address) Reeds Spring Mo

